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PLACE OF BIRTH	ARIZON	IA STATE BOA	RD OF HEALTH	
District of	BUREAU OF VITAL STATISTICS		State Index No.	161
'own of	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No	
or Sity of Globy	No. (Khish second)	Maple	Local Registrar No	Ward
2. Full name of child Marcia	Ellen	weld.	(If child is not yet a supplemental report	named, make
3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth Left 20 Day	, 1927.
8. FATHER Full name A. C. Labe	14.	Ill maiden name 🛭 🗲	long pulo	fer
9. Residence (Usual place of abode)	bg. 15	Residence (Usual place of abode)	Globa	
If non-resident, give place and state.		If non-resident, give r	place and state.	
10. Color or race	16	Color or race		100 mg
11. Age at last bi	rthday 4 3 (Years)	.لىه.	17. Age at last birthday	(Years)
12. Birthplace (city or place)	18.	. Birthplace (city or pla	ace) Down	
(State or country)		(State or country)	01 .0	
13. Occupation Nature of industry	<i>1</i> 11 1	Occupation Nature of Industry	Novewif	
(Taken as of time of birth of child herein) (b	Born alive and now living Born alive but now dead Stillborn	21. Were thain	precautions taken against op nia neonatorum?	h- >.
	FICATE OF ATTENDING PH	YSICIAN OR MIDWIF		
I hereby certify that I attended the birth of th	is child, who was Born	alive or stillborn.)	m, on the date	above stated
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Signature A. Address.	Le aris	(Physician or midwi	ife).
Given name added from a supplemental report. Month, day, year	Filed Says	130,1927 V	MMYON	Registrar.
Monta, usy, year	_ Filed	19	Docal	
Registrar	-		County	Registrar.
4	62-920-57	9	±. Second	

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